

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE							
							APPLICANT(S)								
<b>CLAIMS</b>															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			*			*	
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TOTAL IND.	3														
TOTAL DEP.	34														
TOTAL CLAIMS	37														

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS